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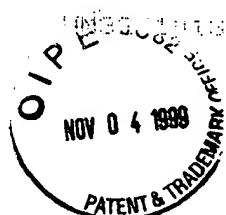
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Mr. M. LEVAN
MINTZ LEVAN
ONE FINANCIAL CENTER
BOSTON MA 02110



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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
10/22/99	10/22/99	10		10/22/99
First Name of Applicant	MINTZ LEVAN CO., INC.			

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mintz Levin Cohn, Ferris
Gibson and Popeo, P.
2 Ivan R. Elshafie
3 John T. Prince

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cytotherapeutics, Inc.

(B) RESIDENCE: (CITY & STATE, OR COUNTRY)

701 George Washington Highway, Lincoln, RI 02865

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual corporation or other private group entity government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

John Prince

(Date)

11/4/99

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